



COMMERCIAL ROOF PERMIT APPLICATION

Please PRINT or TYPE all information

Date:

BUSINESS NAME:

PROJECT STREET ADDRESS:

NUMBER OF LAYERS TEARING OFF:

ESTIMATED VALUE OF ROOF: _____

TYPE: _____ **MANUFACTURE INSTALLATION INSTRUCTIONS:** ☐ YES ☐ NO

****All Commercial Roof Permits shall be submitted with the manufacture installation instruction.. Allow for a 3 day turn around for review before a permit is issued.****

NAME OF ROOFING COMPANY:

BUSINESS ADDRESS:

BUSINESS PHONE: _____ **CELL PHONE:** _____

CONTACT PERSON: _____

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued I certify that the Community Development Director or his authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit

Signature of Applicant

Date

**** All permits must be posted on the front of the property where it can be viewed from the street before you start work on any roof. Roof permits can be faxed to 405-350-8929.****